Kansas Department of Health and Environment
Epidemiology and Public Health Informatics

Campylobacter Supplemental Reporting Form

INTERVIEW

EpiTrax # _____ Interviewer Name:_____.

Number of Call Attempts:_____. Date of Interview (must enter MM/DD/YYYY): _____

Follow-up Status:
- ☐ Interviewed
- ☐ Refused Interview
- ☐ Lost to Follow-Up*

Respondent was:
- ☐ Self
- ☐ Parent
- ☐ Spouse
- ☐ Other, *Specify:*_____

*At least three attempts at different times of the day should be made before the considered lost to follow-up.

DEMOGRAPHICS

County: _____.

Birth Gender: ☐ Male ☐ Female

Date of Birth: _____.

Age: _____

Hispanic/Latino Origin:
- ☐Yes
- ☐No
- ☐Unknown

How would you describe your race?
- ☐ White
- ☐ Black/African American
- ☐ American Indian/Alaska Native
- ☐ Asian
- ☐ Native Hawaiian/Other Pacific Islander
- ☐ Other_____
- ☐ Unknown

CLINICAL

Did you have any symptoms?
- ☐Yes*
- ☐ No
- ☐ Unknown

*If yes, turn to page 3 and record specific symptoms under Investigation.

What date did you start to have symptoms of illness? Onset Date:_____ Onset Time:_____

Calculate Campylobacter exposure time frame **10 day**s before onset

Do not read to patient; however, use the information to assess exposure.

Exposure period: _____

Did you recover?
- ☐ Yes*
- ☐ No
- ☐ Unknown

Were you hospitalized?
- ☐ Yes*
- ☐ No
- ☐ Unknown

*If Yes, Recovery Date: _____

*If Yes, Hospital Name:_____

Time Recovered:_____.

Admit date: _____ Discharge Date: _____

Died?

☐Yes* ☐No ☐Unknown

*If Yes, Date of Death:_____

Are you pregnant?

☐Yes* ☐No ☐Unknown

*If Yes, Expected Delivery Date: _____

Did you receive antimicrobial medication for this illness? ☐Yes ☐ No ☐ Unknown

Medication Name	Date Started	Date Ended

Additional Clinical Notes:

EPIDEMIOLOGICAL

Occupation:_____

Check all that apply: ☐ Child ☐ Student ☐ Volunteer ☐ Unemployed ☐ Retired

Is this patient a:

Food handler?	☐ Yes ☐ No ☐ Unknown
Health care worker?	☐ Yes ☐ No ☐ Unknown
Group living?	☐ Yes ☐ No ☐ Unknown
Day care attendee?	☐ Yes ☐ No ☐ Unknown
Day care worker?	☐ Yes ☐ No ☐ Unknown
School attendee?	☐ Yes ☐ No ☐ Unknown
School employee?	☐ Yes ☐ No ☐ Unknown

If yes to any, list details for each:

Facility Name(s):	
Address(es):	
Phone Number(s):	

If Yes to any above, did you work or attend while ill? ☐ Yes ☐ No ☐ Unknown

If Yes, Dates Worked or Attended/Notes:

INVESTIGATION

A. Clinical Symptoms

Diarrhea?	☐Yes ☐ No ☐ Unknown	If yes, maximum # of stools/24 hours ____
Bloody Diarrhea?	☐Yes ☐ No ☐ Unknown	
Abdominal Cramps or Pain?	☐Yes ☐ No ☐ Unknown	
Nausea?	☐Yes ☐ No ☐ Unknown	
Malaise?	☐Yes ☐ No ☐ Unknown	
Fever?	☐Yes ☐ No ☐ Unknown	If yes, highest measured temperature (°F) ____
Other Symptoms?	☐Yes ☐ No ☐ Unknown	If yes, specify: _____
Do you have an underlying immunodeficiency?	☐Yes ☐ No ☐ Unknown	If yes, specify: _____

B. Water Exposure

In the 10 days before illness, what was your source of drinking water:

At Home?
- ☐ Municipal
- ☐ Well
- ☐ Bottle
- ☐ Commercial Delivery
- ☐ Other

If other, specify: _____

At Work/School?
- ☐ Municipal
- ☐ Well
- ☐ Bottle
- ☐ Commercial Delivery
- ☐ Other

If other, specify: _____

Recent plumbing/construction work done on water system at home? ☐ Yes ☐ No ☐ Unknown

If yes, specify: _____

Did you drink or accidentally ingest any untreated water (e.g., pond, stream, spring, river or lake)? ☐ Yes ☐ No ☐ Unknown

If yes, please source(s) of untreated water, location(s) of untreated water and date(s) of exposure:_____

_____

_____

C. Animal Exposure

Did you visit or live on a farm in the 10 days prior to illness? ☐Yes ☐ No ☐ Unknown

Did you visit any animal exhibits? (i.e., petting zoo, county fair, etc.) ☐Yes ☐ No ☐ Unknown

Did you have exposure to manure? ☐Yes ☐ No ☐ Unknown

Did you have contact with any of the following animals:

☐ Dog/Puppy ☐ Chick/Duckling ☐Cat/Kitten ☐ Cow/Calf ☐ Turkey

☐ Chicken ☐ Sheep ☐ Pig ☐ Horse ☐ Water Fowl

☐ Exotic bird (parakeet, parrot, etc.) ☐ Rodent (mouse, hamster, guinea pig, etc.)

☐ Other If other, please specify: _____ ☐ None

Were any of these animals recently acquired or recently ill? ☐Yes ☐ No ☐ Unknown

If yes, specify details: _____

D. Other Exposure—Food History

In the 10 days before illness began did you:

- Drink unpasteurized (raw) milk? ☐ Yes ☐ No ☐ Unknown
- Consume other unpasteurized milk products? ☐ Yes ☐ No ☐ Unknown
- Drink any juice or cider that was NOT pasteurized?: ☐ Yes ☐ No ☐ Unknown
- Eat any soft, imported or unpasteurized cheese? ☐ Yes ☐ No ☐ Unknown
- Eat any ground beef? ☐ Yes ☐ No ☐ Unknown
    - If yes, how was the beef cooked? ☐ Fully Cooked ☐ Undercooked ☐ Unknown
- Eat any poultry? ☐ Yes ☐ No ☐ Unknown
    - If yes, how was the poultry cooked? ☐ Fully Cooked ☐ Undercooked ☐ Unknown
- Eat any pork? ☐ Yes ☐ No ☐ Unknown
    - If yes, how was the pork cooked? ☐ Fully Cooked ☐ Undercooked ☐ Unknown

- Eat any fish or seafood? ☐ Yes ☐ No ☐ Unknown
    - If yes, how was the fish or seafood cooked? ☐ Fully Cooked ☐ Undercooked ☐ Raw ☐ Unknown
- Eat any raw or undercooked eggs (runny)? ☐ Yes ☐ No ☐ Unknown
- Obtain any produce at a farm or farm stand (farmers market)? ☐ Yes ☐ No ☐ Unknown
- Did you eat any of the following fresh produce: ☐ Pre-packaged leafy greens ☐ Unpackaged leafy greens ☐ Fresh herbs ☐ Melon ☐ Berries ☐ Sprouts ☐ Green Onions ☐ None

Other Exposure—Risk Factors

Did you have contact with anyone who had similar symptoms or was diagnosed with Campylobacteriosis? ☐ Yes ☐ No ☐ Unknown

If yes, list contact, with relationship to case, age, onset date, and predominant symptoms. If a CONFIRMED CASE in EpiTrax please indicate the EpiTrax Number below. This information will be reported under "Contacts" in EpiTrax:

Contact Name	***Relationship***	***Age***	***Onset Date***	***Predominant Symptoms***	***EpiTrax Number***

Other Exposure—Travel History

Did you travel outside of the USA in the 10 days prior to onset of illness? ☐ Yes ☐ No ☐ Unknown

Location traveled to (i.e., City/Country Resort Information) and Dates traveled: _____

_____

_____

Traveled outside of Kansas, but inside USA? ☐ Yes ☐ No ☐ Unknown

Location traveled to (i.e., City and State Hotel Information) and Dates traveled: _____

_____

_____

Traveled outside of county, but inside Kansas? ☐ Yes ☐ No ☐ Unknown

Cities traveled to in Kansas and Dates: _____

_____

_____

Public Health Interventions (Check all that apply)

☐ Hygiene Education Provided

☐ Daycare Inspection

☐ Follow-up of other household member(s)

☐ Work or Daycare restriction for case

☐ Other

If other, specify: _____

That completes the interview, thank you for taking the time to answer all these questions. Your responses may be helpful in preventing others from becoming sick.

Additional notes: _____

_____

_____